1	2	3	4
Kerala	0.62	1769	2166
Madhya Pradesh	0.46	2310	1463
Meghalaya	0.02	27	4
Mizoram	0.05	133	109
Orissa	0.48	902	338
Punjab	0.20	669	1225
Rajasthan	0.56	2207	2264
Sikkim	0.01	24	9
Tripura	0.05	5	4
Uttar Pradesh	1.13	2595	3807
Uttaranchal	0.04	79	188
West Bengal	1.49	2500	2068
Andaman & Nicobar Islands	0.02	40	
Chandigarh	0.03	2862	1256
Dadra & Nagar Haveli	<100	0	
Daman & Diu	<100	1	
Lakshadweep	<100	0	
India	24.7	194697	100896

Shortage of Nurses

66. SHRI RAJEEV CHANDRASEKHAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the country is facing an acute shortage of nurses and if so, the reasons therefor;

(b) the actual number of nurses registered in the country as on the 1st November, 2007 and the number out of them who are actually active in the profession;

(c) names of the States which are particularly affected by shortage of nurses; and

(d) what effective steps are proposed to remedy the situation and by when the country is expected to achieve self sufficiency in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (c) As per the Bajaj Committee recommendations of Nurses patient ratio, 10.43 lakhs Nurses would be required by 2012. With the existing strength of live Nurses and the training capacity, 6.84 lakhs Nurses would be available by 2012. It means that there will be a shortage of 3.59 lakhs by 2012. This gap will be mostly in the States of Uttar Pradesh, Madhya Pradesh, Bihar, Chhattisgarh, Jammu and Kashmir, Jharkhand and Orissa.

(b) Total number of Nurses registered to various State Nursing Councils is 9.28 lakhs. There is no Live Register of Nurses with the State Nursing Councils. It is estimated that only 40% of Nurses are active.

(d) The steps already taken to remedy the situation are as follows:-

(i) Relaxed student patient ratio. The ratio has been reduced from 1:5 to 1:3

(ii) Relaxed norms for Teaching faculty to start B.Sc. (N) Programme:

- At least 2 M.Sc (N) faculty to be available
- Qualification and Experience has been relaxed

(iii) Relaxation for opening M.Sc (N) programme. Super specialty Hospital can start M.Sc (N) without having under-graduate programme.

(iv) Admission for Nursing allowed for married candidates.

(v) Age increased for Teaching Faculty up to 70 years

(vi) Maximum of 100 seats will be given to those parent hospitals with 300 beds without insisting on Medical College.

It will be possible to bridge the gap of 3.59 lakhs Nurses in the XI five year plan by taking further following steps for which a sum of Rs. 3188 crores has been proposed during Eleventh Plan period:—

(i) Establishing Auxiliary Nurse Midwifery (ANM) and General Nursing and Midwifery (GNM) schools in those districts (230) which are not having both these training programmes.

(ii) Establishing post graduation Nursing (M.Sc. Nursing) Institutions.

(iii) Improvement in standard of Nursing Education services and to improve the quality of health care.

(iv) Development of a live Register with regard to Nursing Personnel in India.

(v) Renewal of registration once in every 5 years linked with Continuing Education.

(vi) Setting up of Standards for specialty Nurses.

(vii) Establishment of Regional Institutes of Excellence with the objective of Improving the standards on all India basis and provide opportunity to access high quality Nursing Education through out the country.

(viii) Strengthening of State Nursing Councils.

(ix) Strengthening of Nursing Cells at the State level.

Adulteration in milk and ghee

67. SHRI RAJ NATH SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the business of adulterated milk and ghee is running openly in various parts of the country which is being made of toxic materials like urea;

(b) if so, the details thereof;

(c) whether this is happening due to imbalance in demand and supply of milk and now the situation to import of milk has arisen; and